



STATE OF WASHINGTON

**WASHINGTON STATE SCHOOL FOR THE BLIND**

**2214 E. 13<sup>th</sup> St. · Vancouver, Washington 98661-4120 · (360) 696-6321 · FAX # (360) 737-2120**

**Liability Release and Permission Form  
(To be filled out by host family)**

Date: \_\_\_\_\_

I, \_\_\_\_\_, accept full responsibility for  
\_\_\_\_\_ for the following dates:  
\_\_\_\_\_.

I release the Washington State School for the Blind from liability during this time.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_